



City of Scottsdale Community Services Division

Fee Assistance 2016 Application

p: 480-312-7957 | f: 480-312-2706 | e: LeisureEducation@ScottsdaleAZ.gov

FEE ASSISTANCE OVERVIEW

The City of Scottsdale's Community Services Division offers this Fee Assistance program to help economically disadvantaged families by giving them an opportunity to participate in the city's recreational activities, memberships and drop in opportunities for decreased cost.

HOW DO I APPLY

Step 1. Establish your account. Go to Recreation.ScottsdaleAZ.gov/ and create your account.

Step 2. Fill out this application and include **one** of the following forms of documentation:

- A. Free or reduced lunch letter from school. If you need to request a copy of your lunch letter, please contact the Scottsdale Unified School District at 480-484-6234 or visit <http://susd.schoolfusion.us/>.
- B. Set up an appointment with a human service staff with your financial information and make sure to bring qualifying documents. You will need to submit your application to one of the following locations and schedule an appointment to determine your eligibility:

- Granite Reef Senior Center | 480-312-1700
- Via Linda Senior Center | 480-312-5810
- Paiute Neighborhood Center | 480-312-2529
- Vista Del Camino | 480-312-2323

Step 3. Return the completed application with required documentation to the Leisure Education office (One Civic 7447 E. Indian School Rd. Suite 300) or drop off at a City of Scottsdale community center.

ACTIVITY & MEMBERSHIP INFORMATION

The City of Scottsdale's Community Service Division offers a wide variety of activities and memberships for adults and children. Please refer to the City of Scottsdale's Recreation Classes and Programs Brochure or search areas of interest online @ www.scottsdaleaz.gov. Please note that class supplies, and leagues are not covered by fee assistance.

Family members eligible are; parents, spouse, spouse's parents, siblings, children including step, foster and adopted, all residing in the same household/address.

HOW IT WORKS

Fee assistance is available for City of Scottsdale residents only. You must complete the application in full. For each member of a qualifying household, programs will be subsidized accordingly, based on proof provided and determination by qualifying staff of the appropriate scholarship level.

Once approved for the Fee Assistance Program, you will receive either a 50% or 75% discount on the activities, memberships and drop in opportunities you choose to register for. Your award letter will provide registration information and instructions. Assistance is not retro-active.

Family Fee assistance is valid through December 31st 2016. If assistance is still needed, the family must reapply.

Level 1 – 50%

Extends fifty percent (50%) off the majority of activities, memberships and drop ins to approved households.

Level 2 – 75%

Extends seventy-five percent (75%) off the majority of activities, memberships and drop ins to approved households.

Please see back for application...



FOR OFFICE USE ONLY

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DATE RECEIVED

Return Application To: Parks & Recreation – Leisure Education | 7447 E. Indian School Rd. Suite 300 | Scottsdale, AZ 85252

APPLICANT INFORMATION		
Head of Household LAST Name:		# Of People In Household:
Home Phone:	Cell Phone:	E-Mail Address:
Current Address:		
City:	State:	ZIP Code:
NAMES OF IMMEDIATE FAMILY HOUSHOLD MEMBERS		
Family members eligible are parents, spouse, spouse's parents, siblings, children, step children, foster and adopted children <u>all residing in the same household/address</u> . No additional people can be added to the account unless a new application is filed.		
1.	Date Of Birth:	Relationship:
2.	Date Of Birth:	Relationship:
3.	Date Of Birth:	Relationship:
4.	Date Of Birth:	Relationship:
5.	Date Of Birth:	Relationship:
6.	Date Of Birth:	Relationship:
7.	Date Of Birth:	Relationship:
INCOME		
How much money the household receives monthly? (<i>Wages, family assistance, loans/grants, child support, government assistance, unemployment, pensions etc. from all adults named above</i>):		
Source:		Amount: \$
Source:		Amount: \$
Source:		Amount: \$
ADDITIONAL INFORMATION YOU WISH TO OFFER		
APPLICANT SIGNATURE		
I hereby certify that all the statements contained herein are true to the best of my knowledge; I understand that omissions, misstatements and falsifications may be cause for rejection of this application.		
Signature of applicant:		Date:

STAFF USE ONLY

Approved %: _____	Not Approved: _____	Mailed Forms: _____	Lunch Letter App# and Expiration: _____
Called Regarding Status of Application: _____		Date: _____	Fee Assistance Program Administrator: _____
Supervisor Approved: _____			